



Conducting a Surveillance Program to Understand the Burden of Cancer on the Medicaid Population

Public Health Problem

In 2002, cancer killed an estimated 19,800 people in Michigan, and another 45,800 new cases of cancer were diagnosed in the state. Many racial and ethnic minority groups, people with low incomes, and those living in rural areas not only suffer disproportionately from cancer, but also must cope with limited access to prevention and treatment services.

Evidence That Prevention Works

Because the burden of cancer is not the same for all communities, the use of high-quality cancer registry data is critical in identifying variations in cancer incidence among specific populations.

Program Example

In a Michigan data-linkage project, information from three statewide databases—the Cancer Registry, Medicaid enrollment files, and death certificate files—was examined to identify disparities in cancer deaths among minority and low-income populations. This study was designed to examine the differences in stage-of-disease at the time of diagnosis and the subsequent survival rates of patients considered medically underserved compared with the remaining population of cancer patients in Michigan. The analysis focused on female breast, cervical, lung, prostate, and colon cancers. The study, published by the American Cancer Society, showed that low-income populations have a greater incidence of cancer. It also demonstrated that a greater proportion of low-income people with cancer are African American and that they are more likely to be diagnosed at younger ages (less than 65 years) for both colon and breast cancers but less likely to be diagnosed at older ages (older than 65 years) for cervical cancer. For the five disease sites, low-income people younger than 65 years were more likely to be diagnosed with late-stage disease and were more likely to die of the disease. The Medicaid population younger than 65 years was at greater risk of being diagnosed with late-stage disease than was the non-Medicaid population. For breast and lung cancers, older Medicaid patients also were at greater risk of dying of these diseases compared with non-Medicaid patients.

Implications

This data linkage project, funded in part by a comprehensive cancer control grant, is the first of a series of reviews of the burden of cancer on the Medicaid population. Findings from this study highlight the need for effective cancer screening efforts among low-income populations. Michigan has established a Medicare-Medicaid Policy Advisory Committee to review the health issues that were raised as result of this study, and county-specific information is being used to identify areas where screening efforts should be increased, especially for breast and colon cancers.